

Pastoral Care

A Course of Study

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Course author information:

Reverend Mother Cheryl Mason-Middleton holds degrees from Mesa Community College and Arizona State University. She has been a Civil Rights activist since 1963, and she provided rescue and patient care whilst serving in ambulance and rescue as a certified EMT first responder in the early 1980s in the Arizona desert. She was married in 1983, in an arranged relationship that continues to thrive and grow stronger with every passing day. In 1991 she relocated with her spouse to Ohio where she has enjoyed a long career in Library Science and Reference Research at The Ohio State University. She has published research articles in several journals including peer reviewed publications. She received her ordination from the Universal Life Church Seminary and Main Headquarters in 2016 and currently serves as “clergy at large” in pastoral care, mental health first aid, suicide prevention, and opioid addiction intervention. She gives aid to the troubled, the sick and the dying with care as simple as a compassionate ear to service as final as viaticum. She completed the ULC *Soul Clinic* Training in 2018 and decided to submit an updated version in this *Pastoral Care: A Course of Study* training program. Her religious background is varied and includes Catholicism both Anglican and Roman, Judaism, Zen, Tao, Shinto and Japanese Shamanism. Her religious studies have included Islam, Hinduism, American Indigenous Faiths, Voudun, and Buddhism. Beyond her faith, she has trained in the sciences starting as a child with interests in microbiology and expanding into physics and mathematics in her later years and finally neurology, human cognition and psychology. Languages include English, Japanese, Spanish, Latin (ecclesiastical), French and ASL (American Sign Language).

Pastoral Care Training Outline of Lessons

Chapter 1: Getting Started - 5

What It Means to Provide Pastoral Care: an Introduction - 5

Lesson 1: Basic Problems That You May Encounter - 11

Chapter 2: Emotional Needs - 15

Lesson 2: Mental Health First Aid - 15

Lesson 3: The Brain and Behaviour - 16

Lesson 4: Understanding Therapy Techniques - 18

Lesson 5: Keeping Present: Issues of Guilt, Anger and Fear - 20

Chapter 3: Material Needs - 22

Lesson 6: Health Issues - 22

Lesson 7: Nutritional Issues - 25

Lesson 8: Financial and Employment Issues - 27

Chapter 4: Social Needs - 29

Lesson 9: Family and Sexual Issues - 29

Lesson 10: Socialization and Emotional Issues: Religious and Ethnic Diversity, Social and Identity Diversity, Cognitive and Neuro-Diversity and Acceptance Issues - 31

Lesson 11: Penitence and Absolution - 34

Lesson 12: Death and Dying - 37

Chapter 5: Your Needs - 40

Lesson 13: What You, as a Pastor, Can and Cannot Do - 40

Lesson 14: What is Compassion and Being a Compassionate Pastor? - 46

A Special Note about Reading Psychology Literature:

When you read some of the textbooks related to this training, you will find that many of the sentences will have parentheses inserted in them with the names of people and dates, looking something like this (Garfield, 1996; Henrey, 1998; Wampold, 1997; Western et al, 2004). This might show up in the middle (like this) of the sentence. These names and dates refer to articles or books written by the person named and the date of publication of the article or book. This is to show where the author got their information. Sometimes, this breaks up the meaning of the sentence and makes it a little hard to understand. When this is the case, it's best to skip over the stuff in the parentheses and complete the sentence for its meaning.

If you want to read more on the subject of the sentence you can refer to the names and dates in the parentheses after you have understood the meaning of the sentence. You can learn more about the article or book referenced in the parentheses by looking for it in the list of References in the back of the book. For example: "(Wampold, 1997)" refers to "Wampold, B. E. (1997). Methodological problems in identifying efficacious psychotherapies. *Psychotherapy Research*, 7, 21-43." "Wampold, B. E." is the author of the article, "(1997)" is the year of publication, "Methodological problems in identifying efficacious psychotherapies" is the title of the article, "*Psychotherapy Research*" is the periodical in which the article appears, "7" refers to the issue number for the year 1997, and "21-43" are page numbers.

If you find this a little difficult to understand, the librarian in your local library can assist you. Your public, college or university library is a great resource for gaining access to these periodicals (often referred to as "peer reviewed journals"). Making use of these resources is a good idea as it will further familiarize you with the subject matter discussed, help you keep current with new developments in psychology, and you can learn where the author got their information and if it still holds true. So, we encourage you to take advantage of these resources as a supplement to your study efforts after you have completed this course.

In this course, we provide those references in footnotes at the bottom of the page with a little number¹ in the sentence to tell you that they are there. This way the sentence isn't broken and you can have a clearer grasp of what's being said. Both methods are valid forms of reference, but we want to make things as simple and understandable as possible.

¹ This is a footnote.

Chapter 1: Getting Started

What It Means to Provide Pastoral Care, an Introduction

The word “pastor” comes from Latin and it originally meant “shepherd.” In its original form, it came from the Latin verb *pascere*: “to lead to pasture, to set to grazing, to cause to eat.” In some denominations, the title “Pastor” has come to designate the leading clergy person of a congregation. In this training, when we speak of a pastor we are returning to the idea of a caregiver and one who leads to a healthy and balanced life, whether on a one to one individual basis or as the moderator of a group. When we speak of “pastoral care,” we are in some very real ways creating the opportunity for our petitioners to be filled spiritually, mentally, and in a healthy way. As a pastor you are feeding your petitioner, you are leading your petitioner to the resources that they need in order to be a healthy person. As a member of the clergy, you have a responsibility to help your petitioners come to a place of peace and health. This is the core of our business.

A word about the people we are here to help. In this writing, I use the word “petitioner” to denote the person who comes to us for care. You may prefer another word such as “client.” In the State of Ohio where I live, the legal term that’s applied in the law is “penitent.” I prefer the word petitioner because it has an active element that goes both ways. A client receives service, conceivably entirely passively. A penitent actively seeks absolution for misdeeds and that carries a very narrow focus on guilt and its associations (a topic that will be covered in this training). The petitioner petitions to a pastor for help, and we work together in a give and take with a mutually recognized goal of spiritual health. The dual active role of both pastor and petitioner is what I’m hoping to emphasize.

I also use “them” and “they” as pronouns related to petitioners, both singularly and in the plural. It’s a bit of a nod to Victorian English, but it’s also inclusive of any gender designation. As we are here to help our petitioners, we also need to be sensitive to their considerations about themselves and respectful of their self-defined identities.

As a pastor, unless you have received clinical training and state certification, you cannot view yourself, or present yourself as a therapist, counselor, social worker or mental health professional, even if we may, from time to time, use similar techniques and follow similar theories. You will be a shepherd who can help your petitioner work through some problems and find the professional resources for more serious difficulties. We are part of a team and do not replace the services of mental health professionals, but work with those services for the benefit of our petitioners. “Psychology” literally means “the study of the soul.” “Psychiatry” literally means “the healing of the soul.” In the twenty first century, these professions are much more understood in terms of science, and focus on the brain and mind. A physician (psychiatrist) heals the body by addressing brain function and chemistry. A psychologist heals the mind by addressing behavior and reactions to environmental stressors. A pastor shepherds the soul and spirit by listening and serving as a gatekeeper for the petitioner and helping them find appropriate “pastures,” meaning professional resources, as well as providing spiritual and sometimes material support for their immediate needs. All three of us, psychiatrists, psychologists and pastors, are concerned with advancing a healthy approach to behaviour and cognition, each through a different avenue. Moreover, each works *WITH* the other for the benefit of the petitioner.

You will likely be asked to deal with controversial issues that may make you uncomfortable. Pastors hear it all! We have to handle crises that we never thought we’d ever have to deal with. Being a pastor can bring you into conflict with the very petitioners that you have been called to help, but your purpose

is to help *THEM* make the decisions, and to not impose your own feelings or beliefs upon them. This is a difficult thing to do when the person in front of you has ideals and opinions that are diametrically opposed to everything that you've been taught. You will get through it if you keep your wits about you and help *THEM* work on *THEIR* feelings. You are helping them understand themselves and you might find them discovering a path that serves the interests of everyone, in a surprising turn of events.

Above the door of the Temple of Apollo that housed the Pythia at Delphi was written three phrases: "Know yourself" (γνῶθι σεαυτόν - *gnōthi seautón*), "Nothing in excess" (μηδὲν ἄγαν - *mēdén ágan*), and "Make a pledge and Mischief is nigh" (Ἐγγύα πάρα δ'ἄτη - *engýa pára d'atē*).² Just like the Pythia, we are helping the petitioner to do these things—to know themselves, to refrain from excess, and to make a pledge to a better, more balanced life (hopefully free of mischief). The Pythia spoke her prophesies in dactylic hexameter phrases (a form of poetic meter that sounded a bit like "shave and a haircut")³, that had some double meanings or vagaries and had to be interpreted by the petitioner as to how they might fit into their personal circumstances. We don't have to be as obscure or as poetic as the Pythia, but we do need to guide our petitioners to interpret *THEIR OWN* feelings for themselves to learn about themselves.

This training program is designed for you to understand how therapy works and what you can do as a pastor. Just as a shepherd leads a flock to the right grazing field, you are leading your petitioner to a better and healthier life. Some of the material that you are expected to read and understand may be a bit dense and you may need to read it more than once to make it your own, but the knowledge that you gain will help you to serve the needs of your petitioners in a balanced and informed manner.

Of course, your religious understanding will influence how you approach problems both for yourself and for the people around you. However, not everyone will respond to your religious ideals in the same way that you do. Bear in mind that religion can support your pastoral care from the standpoint of your personal spiritual motivation, but in caring for your petitioner, you need to be sensitive to their experience and situations. For some, religious experience may have been nurturing whilst for others it may have been used as a bludgeon. For this reason, this training will focus on therapeutic theory and practice, and leave religion to mention only as relevant to circumstances where it has become involved in the petitioner's experience.

With that in mind, we have included in the reading list the *Universal Life Church Seminary Ministers' Handbook* by Amy Long, and *Pastoral Care of the Sick: Rites of Anointing and Viaticum* by the Catholic Book Publishing Corp. You aren't expected to use the rituals presented in these books unless appropriate to the petitioner's needs. They are simply presented to illustrate the value of ritual as a comforting element. A petitioner who follows Pagan beliefs will very likely not respond well to a Catholic liturgy. Being aware of the beliefs of the petitioner and what rituals, if any, will be comforting to them is a very useful element of your service in pastoral care. In ULC we respect and learn from every faith and should be able to understand, respect and provide for the beliefs of the people who come to us for help.

² Plato, *Charmides* 164d–165a., *Wikipedia*, [https://en.wikipedia.org/wiki/Charmides_\(dialogue\)](https://en.wikipedia.org/wiki/Charmides_(dialogue)), accessed October 2018.

³ "Dactylic Hexameter" *Wikipedia*, https://en.m.wikipedia.org/wiki/Dactylic_hexameter, accessed October 2018.

“Gatekeeper” is a term that you should learn and embrace and celebrate as it defines the very special and unique role that we are privileged to hold in pastoral care. In many ways we are like EMTs. We serve as pastors and provide spiritual counseling and care which is closely aligned with the practices of mental health and need to be aware of the theories involved so in our practice we can also bring our petitioners to the mental health professionals who can serve their needs with the long term care that we are not equipped to provide. Knowledge of the theories and practices of psychotherapeutic technique is essential in the role of gatekeeper. Just like EMTs (Emergency Medical Technicians) we are, in a sense, EMHTs (Emergency Mental Health Technicians). We provide “mental health first aid” and serve to bring our petitioners to the best possible care for their best benefit.

Keeping Current

This training is being developed in 2018 and 2019. Some therapeutic techniques change slowly whilst science brings new insights, therapies and understanding more rapidly than one course can cover. Hopefully, a course like this will need to be updated every ten years, at the very least. If after that time, you take this training in its un-updated form, use it as a starter for further study.

After completing this training, keep yourself up to date by referring to changes reported by the APA and other professional resources. As you study you will find that each resource or book will have a list of references or suggested readings near the back, and references in footnotes at the bottom of some of the pages (like our Delphi references on the previous page). Take advantage of those resources and the publications in which they appear. Those publications will help you keep current.

Beware of articles in popular magazines or online that report on this or that “breakthrough.” Often these articles inflate results of scientific studies or correlate them to have meanings or applications that are far from the actual interpretations of the scientists themselves. If you can understand the scientific language you may find that the actual peer reviewed studies are quite enlightening and usually don’t add up to the conclusions in that popular magazine article. Remember also, that one study doesn’t equal fact. Results need to be repeated in other studies by other scientists before they can be relied upon for application in a care setting. Also, flaws in the study might have unexpected influences that can skew the results. This isn’t usually deliberate on the part of the scientist, and doesn’t always mean that the entire study is useless. It simply opens new questions that can be addressed in further studies. Research is vital to our understandings and impacts the care that we give in profound and significant ways. The more we know, the better we can care for our petitioners. Learning to read scientific papers and to evaluate their merits is a topic for another course of study, but is well worth learning to do.

Excellent sources for keeping current can be found at the American Psychological Association’s Newsletters page <https://www.apa.org/pubs/newsletters/index.aspx>.

Resources needed for completing this course will be both print and electronically available online. It is highly recommended that you take advantage of all of them. Online material will be linked to in the corresponding lesson.

We strongly suggest the *Mental Health First Aid* training that is available from mentalhealthfirstaid.org. Completion of Lesson 2 requires you to finish this one day, in-person training. If it’s not available in your area, contact them to see if a training session can be arranged near you.

Study Strategy

The reading list for this course is extensive and complex, and you are expected to read each book, and follow each assignment as completely as possible. Being familiar with this material will be of tremendous help to you and to your petitioners, and you will be very glad that you have this information to help you in your practice of pastoral care.

There is no time limit for completing the course, but with careful timing and dedication, you should be able to finish it in a little more than a year. The best practice will be to devote a month to each lesson and to take your time as you study the material.

In the tenth lesson, you will be given an assignment to volunteer at a foodbank or community center, and to visit cultural communities with which you may not be familiar. It's best that you wait until you get to this lesson before you make these steps. There is a lot of information that you will need to absorb before you should even be tempted to step into situations where you might feel that you can act as a pastor. It's easy to have enthusiasm for something only to find yourself falling flat on your face and damaging someone with advice that you may think wise, but may not be the best thing for them.

Take baby-steps with all of this. A little at a time is much more effective than all at once.

Reading List

Many of the texts that accompany this course are from the American Psychological Association's *Theories of Psychotherapy Series*. The entire APA series consists of twenty two short books and are available at www.apa.org or on Amazon.com. We will only be using a few of them, but you are encouraged to read the entire series. Other resources are also recommended for such subjects as nutrition and personnel finances. Having a library at hand to assist you in your pastoral care is a treasure to be kept, updated and maintained. Learning is lifelong and the better you maintain your knowledge, the better pastor you will be.

These are the books you will need to complete this course. All of them will be available on Amazon.com, <https://www.amazon.com/> and you should be able to request them through your local library via Interlibrary-Loan or WorldCat, <https://www.worldcat.org/>.

How the Brain Connects to Cognitive & Behavioral Change, Robert Lavigne, PhD, independently published, 2017, ISBN-10: 1520504357, ISBN-13: 978-1520504353.

Atlas of the Human Brain, Juergen K. Mai, George Paxinos AO, NHMRC, Thomas Voss, Academic Press, 2007, ISBN-10: 012373603X, ISBN-13: 978-0123736031.

Selections from the American Psychological Association Theories of Psychotherapy Series, <https://apa.org/pubs/books/browse.aspx?query=series:Theories+of+Psychotherapy+Series>.

1. *The Basics of Psychotherapy: An Introduction to Theory and Practice*, Bruce E. Wampold, PhD, ABPP, 2019, ISBN: 978-1-4338-3018-1.
2. *Psychotherapy Case Formulation*, Tracy D. Eells, PhD, 2016, ISBN: 978-1-4338-2010-6
3. *Person-Centered Psychotherapies*, David J. Cain, PhD, ABPP, 2010, ISBN: 978-1-4338-0721-3

4. *Gestalt Therapy*, Gordon Wheeler, PhD, & Lena Axelsson, PsyD, LMFT, 2015, ISBN: 978-1-4338-1859-2
5. *Cognitive–Behavioral Therapy*, Michelle G. Craske, PhD, 2017, ISBN: 978-1-4338-2748-8
6. *Existential–Humanistic Therapy*, Kirk J. Schneider, PhD, and Orah T. Krug, PhD, 2017, ISBN: 978-1-4338-2737-2
7. *Career Counseling*, Mark L. Savickas, 2019, ISBN: 978-1-4338-2955-0.
8. *Interpersonal Psychotherapy*, Ellen Frank, PhD, and Jessica C. Levenson, MS, 2011, ISBN: 978-1-4338-0851-7
9. *Family Therapy*, William J. Doherty, PhD, and Susan H. McDaniel, PhD, 2010, ISBN: 978-1-4338-0549-3
10. *Feminist Therapy*, Second Edition, Laura S. Brown, PhD, 2018, ISBN: 978-1-4338-2911-6.
11. *Relational–Cultural Therapy*, Judith V. Jordan, 2018, ISBN: 978-1-4338-2826-3
12. *Acceptance and Commitment Therapy*, Steven C. Hayes, PhD, and Jason Lillis, PhD, 2012, ISBN: 978-1-4338-1153-1.

Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5, American Psychiatric Publishing, 2013, ISBN-10 0890425558, ISBN-13 978-0890425558. (Note: this is for reference only! Do Not Use It To Diagnose Or Self-Diagnose!)

Chaos: Making a New Science, James Gleick, Penguin Books; Anniversary, Reprint edition, 2008, ISBN-10: 9780143113454, ISBN-13: 978-0143113454, ASIN: 0143113453.

Why Zebras Don't Get Ulcers, Third Edition, Robert M. Sapolsky, Holt Paperbacks, 2004, ISBN-10: 0805073698, ISBN-13: 978-0805073690.

Behave: The Biology of Humans at Our Best and Worst, Robert M. Sapolsky, Penguin Books; Reprint edition, 2018, ISBN-10: 0143110918, ISBN-13: 978-0143110910.

Academy of Nutrition and Dietetics Complete Food and Nutrition Guide, 5th Ed, Roberta Larson Duyff, Houghton Mifflin Harcourt, 2017, ISBN-10: 0544520580, ISBN-13: 978-0544520585.

The Essential Pocket Guide for Clinical Nutrition, Mary Width, Tonia Reinhard, LWW, 2017, ISBN-10: 1496339169, ISBN-13: 978-1496339164.

The Bad Food Bible, Aaron Carrol, Houghton Mifflin Harcourt, 2017, ISBN-10 0544952561, ISBN-13 978-0544952560

The Infographic Guide to Personal Finance: A Visual Reference for Everything You Need to Know, Michele Cagan, CPA, Elisabeth Lariviere, Adams Media, 2017, ISBN10: 1507204663, ISBN13: 978-1507204665.

The Financial Diet, Chelsea Fagan, Holt Paperbacks, 2018, ISBN 10: 1250176166, ISBN13: 978-1250176165.

The Resume Writing Guide: A Step-by-Step Workbook for Writing a Winning Resume, 2nd Edition, Lisa McGrimmon, CreateSpace Independent Publishing Platform, 2014, ISBN-10: 1502429322, ISBN-13: 978-1502429322.

Get That Job!: The Quick and Complete Guide to a Winning Interview, Thea Kelley, 2017, ISBN-10: 0998380822, ISBN-13: 978-0998380827.

The 4-Hour Workweek: Escape 9-5, Live Anywhere, and Join the New Rich, Timothy Ferriss, Harmony, 2009, ISBN-10: 9780307465351, ISBN-13: 978-0307465351.

Cross-Cultural Psychology : Critical Thinking and Contemporary Applications, David A. Levy, Eric B. Shiraev, T&F/Routledge, 2017, ISBN-10: 9781138568488, ISBN-13: 978-1138568488, ASIN: 1138568481.

Handbook of Socialization, Second Edition: Theory and Research, Second Edition by Joan E. Grusec, Paul D. Hastings, The Guilford Press, 2015, ISBN-10: 1462525822, ISBN-13: 978-1462525829.

The Psychology of Prejudice and Discrimination, 2nd Edition, Bernard E. Whitley, Mary E. Kite, Wadsworth Publishing, 2009, ISBN-10: 0495811289, ISBN-13: 978-0495811282.

Soul Search: A Scientist Explores the Afterlife, David Darling, Villard Books, 1993, ISBN: 0-679-41845-8.

Universal Life Church Seminary Ministers' Handbook, Rev. Amy E. Long, Apex Publications, 2013, ISBN: 978-0-9664992-8-8.

Pastoral Care of the Sick: Rites of Anointing and Viaticum, Catholic Book Publishing Corporation, 1983, ISBN: 978-0-89942-156-8.

Additional Training and Certification (needed for completing this course):

Mental Health First Aid Training <https://www.mentalhealthfirstaid.org/>

"Heart Saver Courses," American Heart Association, https://cpr.heart.org/AHA/ECC/CPRAndECC/Training/HeartsaverCourses/UCM_473174_Heartsaver-Courses.jsp, Accessed 2019.

"Training and Certification," American Red Cross, <https://www.redcross.org/take-a-class>, Accessed 2019.

Keeping your certification in these first aid skills up to date is important. You will need to take the training over again periodically to remain certified and up to date.

Lesson 1: Basic Problems That You May Encounter

In this course we will be dealing with eight specific areas of difficulty that your petitioner may be dealing with. These are relatively common issues that may respond to your intervention, but may also need the assistance of a licensed professional. You need to be familiar with each of these situations so you can help your petitioner find the solutions that will best work for them. This is not an exhaustive list of issues that your petitioner may present, and you will likely encounter some unusual circumstances. With time, patience and practice, you should be well enough versed to deal with almost any issue.

Keeping Present: Issues of Guilt, Anger and Fear

We all want control over our lives, but framing our lives on guilts and angers and fears takes away the ability to appreciate what we have now, in front of us, with a clear understanding of our own true power to live happily with fulfilled lives. Guilts, angers and fears also influence how we react to situations that we may encounter in the present, and they limit or negatively influence how we address present concerns. Just as you can become attached to an object or a person, you can become attached to guilt, anger and fear.

Health Issues

Any physical health issue should be referred to a qualified and licensed physician or clinician. Some health problems are obvious in that they may present with disabilities requiring vision, hearing, mobility and dexterity aids. Other disabilities may be less obvious but still require constant medical attention. Whilst we can be of a supportive role for petitioners who are suffering from physical health issues, we still must rely in the expertise of qualified medical care. If the petitioner desires that we be present when they are seen by a medical professional we can serve as an advocate for the petitioner without obstructing the medical care that they receive. For some petitioners, seeing a physician can be a traumatic experience, especially if they have experienced refusal of care based upon the status of who they are or if they have received abuse at the hands of medical practitioners. Race, ethnicity, gender identity, religion, affectional orientation, veteran status, and many other differences have been used as barriers to proper care and access to services.

Nutritional Issues

If a petitioner isn't eating properly, their behaviour can be negatively impacted. It will be easy to get caught-up in the latest "diet breakthrough," but such fad diets don't work in the long run, whilst basic nutrition follows certain basic concepts of balance and quality. If your petitioner has a diet that tends toward obesity, or if they have an eating disorder which can become an addiction itself, your understanding can help create a better lifestyle change toward better nutritional choices. Again, professional help is paramount as most of these problems will need professional guidance. For this reason, you need to be aware of the basics of balanced nutrition, and should be practicing it yourself. This doesn't mean that you can impose choices that work for you but not for your petitioner. If you are an omnivore and your petitioner prefers a vegan diet (or the other way around), then you must respect their choice whilst helping them navigate that choice to get all of the nutrients that they need to be healthy. If their physician has limited what they can eat, then you need to work within those guidelines. If you need to consult a nutritionist for help, it's good to have one among your resources.

Financial and Employment Issues

It has been said that “You can tell how God feels about money by who He gives it to.” Of course, that’s a rather glib statement born in an economy with growing economic inequality. There will always be people who have better access to money than others, and there will always be people who struggle to pay the bills or find that they can’t and may lose their home. Most of us are looking for that big pay out that never comes, all the while we are paying what we can when we can. Money is fraught with anxiety, both for the “Haves” and the “Have Nots.” How you approach the subject of money can change that anxiety and make money into simply a substance that allows you to do other things. Having an understanding of personal finance and how to work with money is as important an issue as understanding basic nutrition. We can learn how to do this and we can share that knowledge with our petitioners.

Employment, under-employment and unemployment are simply a part of everyday life. When a petitioner is unemployed, or under-employed, they will have a tremendous fear of not surviving from day to day, losing what little they have, and trying to live on little or nothing. You can help by seeking resources in your community to sustain them through the rough periods, by helping them build strategies for acquiring that better job, and then help them keep the job when they have found it. You may be called to help a petitioner find solutions to working at a job where conditions (emotional, psychological, or physical) are uncomfortable or destructive to their wellbeing. You will need to help them find options for change.

Family and Sexual Issues

These are issues of interpersonal relationships, whether with partners, spouses, children, siblings, and even friends. At the base, they all rely upon communication, communication style, and experiencing each other genuinely and with complete attention. The function, or dysfunction of these relationships depends upon how the members of a family interact with each other, what are the dynamics of those relationships, what are the sexual orientations and gender identities of members of the family, and how do sexually bonded pairs relate in matters of coitus. These relationships need guidance to learn how to communicate effectively, without monopolizing the conversation.

Socialization and Emotional Issues

In an age where we have come to rely upon the World Wide Web, smartphone technology, and electronic social media, the dynamics of interpersonal communication and socialization have changed considerably from what they were just twenty years ago. Social isolation has become a problem for youth and families, and have expanded beyond expectations of just a generation ago. These issues are faced not just by younger generations, but by everybody at one time or another. This is also an area where social stigma and shunning can cause problems for people with affectional, gender, disability, and ethnic differences, and where minority status can be used to isolate people. This has grown from “Johnny is so shy that he never goes anywhere, but stays in his room and reads books.” of a couple of decades ago to “Johnny is so angry—he’s making violent drawings in his school notebook and writing threatening comments in his Twitter account.” Dealing with social isolation before it becomes a major problem requires careful planning and compassionate understanding.

Identity, Religious and Ethnic Diversity and Acceptance Issues

We all have differences that are not shared by the people around us. It's an obvious statement, but it also seems to go unheeded when we encounter someone with differences that we don't expect, or when we haven't expected something from them that suddenly appears. In the Civil Rights Movements of the 1950s, 60s and 70s, America got a slap in its complacency and began to embark on an educational trend that continues to this day to include many people with many sets of differences. And, it will likely continue into the next century or two. All along the way there is resistance to this learning curve, and every change carries with it measures of confusion and pain and struggle, not just for the advocates of accepting differences, but also for those who resist diversity with increased prejudice and bigotry.

Penitence and Absolution

You may be called to hear confession. The penitent will be seeking some form of absolution at least in their idea of what they expect, but they really are seeking to understand themselves and what provoked the circumstance in which they find themselves. It's more than a formulaic response that we owe to them. They need to address their responsibilities and the obligations that they must address in the position in which they find themselves. This means that we need to help them understand themselves before we can offer any absolution.

Death and Dying

In American cultural we tend to hide from death and keep death out of sight and out of mind, depending upon medical people and morticians to handle the finish of a life, making the corpse look like it's "just sleeping," etc. The body in an open casket, well dressed and with cosmetics to make them look "natural" isn't how death actually looks. A dead body isn't pretty. Not seeing death for what it actually is, puts us in an unprepared position for when it touches us personally. The fact is that death will come to all of us, most often unexpectedly. We will all experience the deaths of loved ones and will need to confront our own mortality. In Japanese there is a saying, 生命と死は同じ物です, (Seime to shi wa onaji mono desu), "Life and death are the same thing." Learning how to come to peace with death will help you to be able to help a petitioner who is facing their own death or the death of someone close to them. This may require you to step out of your beliefs about death, dying and the "hereafter." Your petitioner may not want to hear platitudes of a "better place," and may instead need something else entirely. Of course, all of this requires sensitivity to their feelings and understanding about death. Everyone mourns differently and some may seem to take everything lightly, but mourning is mourning whatever form it takes. Being there to listen and simply sit with those who remain behind is the best final gift that you can give to someone who has died.

Issues Generally

It would be easy to categorize problems as mental or physical or rank them by degrees as one person's problem being worse than another's. Something to note is that every problem has physical, mental and emotional components. Also, you should never say, "It's worse for that person than it is for you because theirs is more serious." What may seem small to you may be major to your petitioner.

A Word About Fixity

Sometimes a petitioner comes to their pastor because they have to vent their discontent. We may be inclined to solve the problems that they express, but that may not be what they want. Listening with a compassionate ear is often all that's necessary while they get their feelings out to someone who they can trust to keep those feelings confidential. In this way, they are putting their thoughts in order and expressing their frustrations so they can approach their situation with a rational mindset. The lesson here is: Don't try to fix everything. Sometimes listening is just enough.

Assignments for Lesson 1

Assignment 1

Look at the issues that we have described in this lesson and write about how each one has impacted your own life or the life of an acquaintance. Don't use peoples' real names or violate their privacy, but see if you can explore situations that match these issues from real life. Give an in-depth analysis of each situation and explain the effects that each situation has had upon the individuals involved.

Assignment 2

This assignment will be ongoing through all of your future lessons in this course. For each lesson, research local resources such as professional services, support groups, outreach services, emergency hotlines, and any supports that may be valuable for your petitioners. Compile a list or database of these services and supports as they relate to each topic that we cover in this training. Add any supplemental resources that you may find to be useful but not directly related. Get into the habit of keeping this list up to date and available to you.

Notes for Completing Your Assignments

For all assignments when you need to justify your conclusions, cite your sources using this format:

1. *Book Title*, Author, Publisher, Date of Publication. ISBN Number.
2. "Print Article Title", *Periodical Title*, Publisher, Date of Publication.
3. "Web Article Title", *Website Title*, <https://web-address.com> (with hyperlink), accessed Month Year.

Chapter 2: Emotional Needs

Lesson 2: Mental Health First Aid

Additional Training:

Mental Health First Aid Training <https://www.mentalhealthfirstaid.org/>

Reading:

Mental Health First Aid USA, National Council for Behavioural Health, 2015, ISBN978-0-692-60748-0.

Assignment for Lesson 2

Assignment 1

The above listed reading is provided in the training sessions given by Mental Health First Aid USA, linked above. Follow the link and sign up for a training session in your area. The grounding that this program provides is essential for proper and informed gatekeeping and will provide the foundations for your service in pastoral care. When you have completed the training, photocopy or scan the Certificate of Completion and include it with your completed Pastoral Care Training materials.

Lesson 3: The Brain and Behaviour

Reading for this assignment:

1. *How the Brain Connects to Cognitive & Behavioral Change*, Robert Lavigne, PhD, independently published, 2017, ISBN-10: 1520504357, ISBN-13: 978-1520504353.
2. *Chaos: Making a New Science*, James Gleick, Penguin Books; Anniversary, Reprint edition, 2008, ISBN-10: 9780143113454, ISBN-13: 978-0143113454, ASIN: 0143113453.
3. *Why Zebras Don't Get Ulcers, Third Edition*, Robert M. Sapolsky, Holt Paperbacks, 2004, ISBN-10: 0805073698, ISBN-13: 978-0805073690.
4. *Behave: The Biology of Humans at Our Best and Worst*, Robert M. Sapolsky, Penguin Books; Reprint edition, 2018, ISBN-10: 0143110918, ISBN-13: 978-0143110910.
5. *Introduction to Human Behavioural Biology*, Series, Prof. Robert Sapolsky, Stanford University, YouTube.com, 2010, <https://www.youtube.com/playlist?list=PL848F2368C90DDC3D>.
6. *Atlas of the Human Brain*, Juergen K. Mai, George Paxinos AO, NHMRC, Thomas Voss, Academic Press, 2007, ISBN-10: 012373603X, ISBN-13: 978-0123736031.

There is a condition that prevents people from remembering faces. It was written about extensively by Oliver Sacks, who after studying the condition for several years was surprised to find that he actually had the same condition. It's called prosopagnosia. It results from a deficiency in the connections between the fusiform gyrus and the amygdala in the brain. It's difficult for people who have this condition to commit faces to memory or to recall them and recognize them in later encounters.

The brain is more than just a computer that you carry in your head. It is an organ that sets personality, behaviour, and responds to every stimulus by creating new connection between cells and dissolving connections no longer used or needed. Its plasticity is responsible for creating new memories, deleting old ones and changing memories with each recollection and reinterpretation. When something goes wrong, it can result in changes in mood and ability and even personality. The unanswerable question is this: "Do my thoughts change the brain, or does the brain change my thoughts?" Of course, this borders upon questions of the existence of the soul, which we will not delve into here, but will probably be debated until the end of the human species.

Differences in brain chemistry and development can result in such medical conditions as bipolar disorder, schizophrenia, and attention deficit hyperactivity disorder (ADHD) which can be treated with psychiatric medication and psychological counseling. The brain is also involved in such conditions as depression, anxiety and post-traumatic stress disorder (PTSD) that results from environmental changes imposed upon the brain which can sometimes be passed to later generations epigenetically. Addiction and substance abuse often comes from development of neurological changes resulting from continued exposure to those addictions and substances.

And of course, sometimes brains develop to simply work differently, as they do in gender dysphoria, autism spectrum and in developmental prosopagnosia. Your brain also regulates your circadian rhythms differently depending upon your genetics leading to a large part of the population decrying the "Tyranny of Morning People," and begging for a flexibility of scheduling working hours so people can be at their best and healthiest. Realizing the implications of neurodiversity acceptance and accommodation is a key to understanding the people who come into your pastoral care.

Understanding the neurology behind certain conditions will be helpful and clearing up any myths about these issues and will inform your approach to petitioners with these conditions. Genetics and environment are both factors that can result in a neurologic condition. If your petitioner has a family history of mental illness or degenerative disease of the brain, has or have had traumatic or stressful life experiences, has abused alcohol or drugs, has had a traumatic brain injury, has had an infection that has affected the brain or the fluid surrounding the brain, or is simply a “night person” forced to work against their natural rhythm, these conditions will affect their health, behaviour and cognitive ability.

As you work through this course remember that complexity isn’t a sin. Knowing how to navigate complexity and understanding the interactions will give you insight that will be of great value. If you don’t have basic information about any of the information discussed in the “Introduction to Human Behavioural Biology” lectures. Go to your local library and ask your librarian to help you research the information.

Assignments for Lesson 3

Assignment 1

It’s important to avoid making simple assumptions about correlations between behaviour and biology. Stanford University has a series of lectures posted on YouTube that addresses these issues entitled “[Introduction to Human Behavioural Biology](https://www.youtube.com/playlist?list=PL848F2368C90DDC3D).”⁴ It’s presented to help you understand the complexity of the petitioner who comes to you for assistance. Listen to each lecture no more than one every other day. Don’t try to view all the lectures at one time. Give yourself space in between each lecture to consider what is being presented. Read the books assigned to this lesson and when you have completed the video series and books begin to work on the assignments below.

Assignment 2

Research the different areas of the brain and how they function. Don’t just settled for the surface locations (frontal, parietal, occipital), but look for the inner regions as well. You don’t need to memorize the entire brain anatomy, just be aware of structure. Look for their relationships and connections of each part to other parts and how they may effect behaviour if those connections are impaired. Write about what you find, citing your sources, and give your own conclusions.

Assignment 3

Write an essay that explores the relationship between behaviour and biology. Cite your sources.

Assignment 4

Research local resources such as neurological professional services, support groups, outreach services, emergency hotlines, and any supports that may be valuable for your petitioners. Add them to your list or database of these services and supports.

⁴ Introduction to Human Behavioural Biology, Prof. Robert Sapolsky, Stanford University, YouTube.com, <https://www.youtube.com/playlist?list=PL848F2368C90DDC3D>, accessed November 2018.

Lesson 4: Understanding Therapy Techniques

Readings for this assignment:

1. *The Basics of Psychotherapy: An Introduction to Theory and Practice*, Bruce E. Wampold, PhD, ABPP, ISBN: 978-1-4338-3018-1.
2. *Psychotherapy Case Formulation*, Tracy D. Eells, PhD, ISBN: 978-1-4338-2010-6
3. *Person-Centered Psychotherapies*, David J. Cain, PhD, ABPP, ISBN: 978-1-4338-0721-3
4. *Gestalt Therapy*, Gordon Wheeler, PhD, & Lena Axelsson, PsyD, LMFT, ISBN: 978-1-4338-1859-2
5. *Cognitive–Behavioral Therapy*, Michelle G. Craske, PhD, ISBN: 978-1-4338-2748-8
6. *Existential–Humanistic Therapy*, Kirk J. Schneider, PhD, and Orah T. Krug, PhD, 2017, ISBN: 978-1-4338-2737-2
7. *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5*, American Psychiatric Publishing, 2013, ISBN-10 0890425558, ISBN-13 978-0890425558.

Yes, this is a lot of reading to do, but each volume will give you a firm grounding in the basics of psychotherapy and how and why it works, where it fails, and what you can do as a pastor and as a gatekeeper to direct your petitioner toward appropriate professional help. Every care provider needs to have a “tool box” of techniques at their disposal to apply with each person that comes to them for help. The entire *American Psychological Association Theories of Psychotherapy Series* is highly recommended and we believe that it will be beneficial to you, as a pastor, to avail yourself of the information contained in each of the twenty two volumes. The six volumes for this lesson are a good place to start. Being familiar with these and other techniques is important to understand how mental health care works.

Our philosophy is to remain focused on our petitioner, the individual sitting in front of us and seeking our help. It should be noted that it is deemed to be legal in every state for ordained ministers to provide pastoral counseling and therapy related to religious and spiritual care. This is a broad category and is open to interpretation. Within your capabilities, you may use some of the techniques presented in these books, but you must be aware that there is a fine balance. You should never attempt to use any therapy that you are not comfortable using, nor any therapy that is inappropriate for the care of your petitioner, simply because you have read about it in a book. It would be dangerous for your petitioner, and cause you to be subjected to legal action if you applied a technique that caused more harm than good. For simple everyday problems you will gain insight as to how certain therapies may help your petitioner, and you will also come to identify issues that you will need to refer to professional help. Being aware of when you can help a petitioner yourself, and when you need to be a “gatekeeper” for the petitioner is of the utmost importance. If you have any doubts *WHAT-SO-EVER*, refer your petitioners to the licensed professionals who can give them the help that is beyond your capacity.

Important Note

We have included the *DSM-5* in the reading list simply so you can understand the complexity of psychological diagnosis. *WE DO NOT DIAGNOSE, NOR DO WE TREAT*, but we can be aware that there are complex issues that may come our way. You don’t need to read through this manual, just be aware of its structure and the complexity that treatment entails. Then, leave diagnosis and treatment to the professionals.

Taking Care of Yourself:

An important thing to remember is that you may find yourself overwhelmed with the weight of hearing everyone else's complaints. You are not a sponge that absorbs and cleans up everyone's messes. You need your own support system. If you have access to a psychologist or counselor, take full advantage of the care that they can provide for you. If you have family members who come to you for their care, refer them to the care that they need for themselves rather than taking on their problems yourself. An ethical physician does not self-treat, nor does such a physician treat their own family members. The reason being that they are too close to the situation and cannot form an objective view. For yourself and your family, get objective professional help and keep using it.

Assignments for Lesson 4

Assignment 1

Give a brief overview of the discussions in *The Basics of Psychotherapy: An Introduction to Theory and Practice*. Use the chapter headings as an outline and present notes from the material that the author has presented.

Assignment 2

Briefly describe each of the therapies listed in each of the books. What are the basic structures of each technique and how are they different from each other? In your opinion, how does each technique merit and how can they fail? Which techniques are you the most comfortable keeping in your tool box, which would you prefer not to use, and why?

Assignment 3

Flesh out your resource database with a collection of local professional counseling resources for you to use as referral for petitioners who have problems beyond your ability to help. Categorize your resources by purpose and focus, such as addiction resources, suicide prevention resources, basic psychological and psychiatric counseling centers, emergency facilities, national, state and local helplines and hotlines, etc. Continue to update this database as you complete this course and as you provide pastoral care in the future. **BE CERTAIN TO NOT NEGLECT THIS LIST!** It will be the life blood of your pastoral care.

Assignment 4

Also, find resources for yourself so you can deal with your own personal issues along with dealing with the problems of your petitioners. Make regular appointments with a licensed professional who can give you insights into your own feelings and situations. Please keep your own counselors for your own referral. We don't need to know who they are. We just need to know that you have your own professional support system in place.

Lesson 5: Keeping Present: Issues of Guilt, Anger and Fear

A term that has become popular at the time of this course development is “mindfulness.” It has almost become a cliché and a catch all phrase that has been touted as a mental health panacea. The essence of it is based upon meditative techniques that have been in use for centuries in almost every culture at one point or another, but are mostly framed as coming out of Asia and the traditions of Asian culture. The point of mindfulness is being present in the moment, and having a sense of freedom from living in the past or the future.

For our purposes, this can be placed in a therapeutic approach to feelings of guilt, anger and fear.

You will very likely hear confessions of guilt and feelings of shame, maybe not directly, but under the surface and certainly that will keep the petitioner tied to the past with chains of regret. You will hear years of pent-up anger at offenses and abuses that were inflicted upon the petitioner by bullies and abusers, both in the home and outside. You will also encounter people with Post Traumatic Stress Disorder (PTSD) brought on by those abuses or from service in the military, or first responder service to the community, or as a result of trauma inflicted as the result of a disaster or an attack. These ties to the past can keep the petitioner from living in the moment, and enjoying life as it is today.

You will also find petitioners who are afraid of what may happen if they do, or fail to do something on time at a particular moment for a particular reason or person or job, and it causes them to lose themselves in a place of anxiety and depression. “I have to pay this bill, but I don’t have the money!” “My boss wants this task done, and I don’t know how, and I’m afraid of losing my job!” “(X) might happen if (Y) happens, and (Z) is out of my control!”

Guilt, anger and fear all have facility when they illicit a response to positive actions, but they also can lead to a breakdown and paralyze one from being able to move on from the cause of these emotions. The question to ask is this, “Are these healthy for the petitioner, or are they pathological?” We will discuss guilt more in depth in the lesson related to Penitence and Absolution. In the chapter on Social Needs, anger and fear will be addressed through the conditions that we will discuss.

The first thing to realize is that we cannot censor our feelings, and feelings in and of themselves are neither good nor bad. They simply are.

Keeping present is a collection of means to quiet one’s mind to simply experience the moment as it unfolds. This is usually related to some form of meditation, still or moving, that settles one’s concentration and puts one in a relaxed and balanced state. The “mindfulness” component is simply being aware of what is transpiring in one’s own mind as one engages in a particular activity, such as meditation. Moving meditations can include any activity as long as one’s attention isn’t distracted from the activity. Traditional Asian moving meditations include Tai Chi, Kyudo, Iaido, Aikido, Chado, Ikebana, etc. Traditional Western moving meditations include Gregorian Chant, Praying the Rosary, Eucharistic Prayer, Fard Salah, Tefillah or Daven, etc. Still meditation can be as simple as concentrating on all the sounds, when you travel on the city bus, of the people and city and the machine itself, as though listening to a symphony. It can be something as deeply involved as in Zazen in a Zen Buddhist monastery.

Just as with anything one tries to do, meditation is a skill that develops over time with practice. The human mind is filled with all sorts of thoughts popping in and out like the virtual particles in physics that

appear and disappear in the same moment. It can become a chaotic cacophony that distracts from every angle. The purpose of meditation is to quiet these distracting and sometimes annoying thoughts. In pure meditation the idea isn't to resist these thoughts. Rather, it's to acknowledge these thoughts and dismiss them. Resistance creates conflict, where dismissal is meant to calm the mind. Different forms of meditation all have the same purpose, to calm the mind and therefore, to calm one's fears, anger, and guilts.

Assignments for Lesson 5

Assignment 1

Take a half an hour and try progressive meditation. Lie comfortably, flat on your back with your legs slightly apart and your arms at your sides, slightly apart from your body with the palms of your hands facing up. If you cannot lie down, sit comfortably in a chair with your feet flat on the floor, your back straight, and your hands folded in your lap. Begin by breathing slowly and deeply without straining. Notice your breath as it fills your lungs and leaves your body in a slow even rhythm. As you continue to breathe, flex and release the muscles in your feet. Notice how your feet feel. Next flex and release the muscles in your calves. Notice how your calves feel. Next, flex and release the muscles in your thighs. Notice how your thighs feel. Continue in this manner, breathing slowly and rhythmically as you go, flexing the muscles progressively in your pelvis, back, belly, chest, hands forearms, upper arms, neck, and face. Notice how each feels as you relax them. Finally, listen to your thoughts as you continue to breathe slowly. Quietly acknowledge and dismiss each thought as it enters your mind and allow your mind to gradually become quiet, just as you did with the muscles of your body. If you fall asleep during this meditation, don't consider it a failure. Everybody falls asleep when they begin to practice this. Eventually, you will spend the half hour awake and with a mind increasingly settled and quiet. This quiet can eventually enter your regular non-meditative moments and bring calm into your life.

Write about your impressions and begin a journal telling about your progressive meditation experiences.

Assignment 2

After a week of practicing the meditation assignment above. Relate about how it works (or doesn't) for you in learning to keep present to the moment. If you experience flashes of anger, fear or guilt in your life, have they become more or less frequent, or have they remained the same. Remember this is only one form of meditation, and everyone is different. And, one week may or may not bring any noticeable results. If it works for you it should be a positive experience. If it doesn't work for you that's fine—you simply need more time or a different approach altogether.

Assignment 3

Research local resources such as professional services, support groups, outreach services, emergency hotlines, and any supports that may be valuable for your petitioners. Consider what resources there might be for learning meditation and for mindfulness training. Add them to your list or database of these services and supports.

Training Materials

1. "Heart Saver Courses," American Heart Association, https://cpr.heart.org/AHA/ECC/CPRAndECC/Training/HeartsaverCourses/UCM_473174_Heartsaver-Courses.jsp, Accessed 2019.
2. "Training and Certification," American Red Cross, <https://www.redcross.org/take-a-class>, Accessed 2019.

Advocating for Your Petitioner

We do not provide a substitute for professional medical care. We can, however, serve as an advocate for our petitioner when they are facing a difficult or traumatic medical situation. Our position isn't to interfere with the ministrations of a qualified physician but we can help our petitioner face their situation with calmness and grace and in a well informed and well understood manner. We can also help the medical professional understand our petitioner's emotional state and advocate for their mental and emotional well-being through the physician's prescribed procedures.

It's said that if you want to know about a car, you should ask the person who owns one. When we deal with health issues, we are at our best when we ask the individual who has to live with them every day. We all have days when we come down with some illness that makes it difficult to do the things that we had planned for those days, and many of us deal with chronic illnesses from which we can imagine the suffering of another with their unique problems. Still, there is no substitute for listening. There is no substitute for hearing the words that describe life with a condition that we don't share. Our care always starts with a compassionate ear.

Some physical problems may be less obvious than others and may manifest themselves as mental or emotional issues. Diabetes, for one example, can present signs of depression, agitation, or anxiety. Issues such as Bipolar Disorder and Clinical Depression may be related to imbalances in brain chemistry that require medical attention. Chronic fatigue can be related to a host of disorders that require professional diagnosis. Even chronological misalignment (night person being required to show up for an early morning job, for example) can have enormous impacts on an individual's health⁵. Often a petitioner will encounter judgement, condescension and harsh treatment because they manifest a condition that the average person doesn't understand. Developmental issues such as Autism Spectrum, Gender Dysphoria, Dissociative Identity, and a host of others fall into this category and carry social stigmas that can be enormously and undeservedly limiting, denying the beauty of human neurodiversity.

⁵ Kristen L. Knutson & Malcolm von Schantz (2018) Associations between chronotype, morbidity and mortality in the UK Biobank cohort, *Chronobiology International*, 35:8, 1045-1053, DOI: 10.1080/07420528.2018.1454458, <https://doi.org/10.1080/07420528.2018.1454458>, accessed 2019.

We place addiction into this Health Issues category because addiction is not an issue of choice or self-discipline, it's a disease⁶. It needs treatment like any other chronic disease and it's a disease that has no cure. It can only be managed with continual medical care. It must be stressed that addiction is a brain disorder, and is not the petitioner's fault. The addict's experience of the disease is a result of the brain's adaptation to the substance or activity that has created neural connections that simply can't be erased or ignored. Seeing addiction as an injury is the best way to understand this disease.

In traumatic settings, such as a traumatic injury or attack, you need to be aware of your petitioner's fragility and vulnerability. They may seem traumatized and openly fragile, or they may seem strong and in control. At some point they may be asking for your help in getting them through the emotional struggles that the trauma may have caused. Never make assumptions about their situation or their feelings or their expectations. Simply listening and being available will be of the greatest potential for getting them through the trauma and helping them find the supports that they need. This is one area where professional support and peer support can be of tremendous assistance. It's also a time to help them restore their rights to dignity and choice. Avoiding the application of peer pressure and offering help in making a rational and healing decision by simply giving options and letting them decide is the best support you can give. Understanding the issues of Post Traumatic Stress Disorder (PTSD) will help, and having support services available will be necessary.

When we are called to serve as an advocate for a petitioner in a medical setting, the petitioner's wishes become our primary point of service. One thing that needs to be made clear is that the patient, in any medical setting, short of a court ordered commitment, ultimately has the primary choice of how they are to be treated. If they are incapacitated in some way, their spouse, family member, or attorney-in-fact under Medical Powers of Attorney may act in their behalf. If your petitioner, of sound mental capacity, wishes to refuse treatment, everyone involved needs to respect that decision. As with any situation, "no" means "no." Pressure to coerce a patient to do something that they don't want to do should be resisted to the extent that your petitioner desires you to do. If your petitioner changes their mind and asks you to back off, it is your duty to do as your petitioner wishes.

All of that being said, listening to the medical and psychological professionals and being able to ask questions for your petitioner can help facilitate positive communication between patient and professional care. Ask how therapies are supposed to work. Get full descriptions of procedures so you can help guide your petitioner through the experience. Acting as a "translator" for the patient is always helpful. If your petitioner already understands and has a rapport with their professional care, you will likely not need to do this, and just being present as a friend might be all that they need.

With advocacy in mind, there may also be a time when you are witness to and may be called upon to render aid in an emergency situation. For this situation, you should also be fully prepared. A proper course in First Aid, Cardio Pulmonary Resuscitation (CPR), and Automatic Electronic Defibrillator (AED) training should be part of your preparedness. You can sign up for such training Through the [American](#)

⁶ "Addiction as a Disease," Center on Addiction, <https://www.centeronaddiction.org/what-addiction/addiction-disease>, accessed 2018.

[Heart Association](#)⁷, and the [American Red Cross](#)⁸. If you're ambitious, an Emergency Medical Technician (EMT) course will be an advantage.

Assignments for Lesson 6

Assignment 1

Evaluate your own health situation. What conditions affect your life and how do they act upon your view of life and the world? How would you, the pastor, advocate for you, the patient? How can you improve your own health, and how would it inform you when advocating for someone else?

Assignment 2

Add to your resource database any medical resources such as available clinics, medical centers, hospitals, free or low cost medical resources and treatment facilities.

Assignment 3

Research local resources such as professional medical services, support groups, outreach services, emergency hotlines, and any supports that may be valuable for your petitioners. Add them to your list or database of these services and supports.

Assignment 4

Take classes in First Aid, CPR, and AED and obtain certification in these practices. You must recertify periodically to keep the information fresh. Scan or photocopy your certifications and send them with your completed Pastoral Care course materials.

⁷ "Heart Saver Courses," American Heart Association, https://cpr.heart.org/AHA/ECC/CPRAndECC/Training/HeartsaverCourses/UCM_473174_Heartsaver-Courses.jsp, Accessed 2019.

⁸ "Training and Certification," American Red Cross, <https://www.redcross.org/take-a-class>, Accessed 2019.

Lesson 7: Nutritional Issues

Reading List

1. *Academy of Nutrition and Dietetics Complete Food and Nutrition Guide*, 5th Ed, Roberta Larson Duyff, Houghton Mifflin Harcourt, 2017, ISBN-10: 0544520580, ISBN-13: 978-0544520585.
2. *The Essential Pocket Guide for Clinical Nutrition*, Mary Width, Tonia Reinhard, LWW, 2017, ISBN-10: 1496339169, ISBN-13: 978-1496339164.
3. *The Bad Food Bible*, Aaron Carrol, Houghton Mifflin Harcourt, 2017, ISBN-10 0544952561, ISBN-13 978-0544952560.

Nothing can take the place of a professional nutritionist, but for most of us nutrition is a hit or miss proposition, and the overwhelming amount of misinformation is tremendous, as well as the constant barrage of fad diets being fed to the public. No one single dietary plan can work for everybody, and many of us have dietary restrictions due to medical conditions, religious practice, allergies, or other circumstances.

Understanding how a properly balanced diet works in conjunction with exercise and proper medical care gives us the ability to provide for our petitioners a better chance for facing life's issues. If one isn't properly fed, one cannot think clearly and make healthy and positive decisions in one's life. The brain (and the rest of the body) simply needs the proper food to function. Among issues that you may encounter, eating disorders such as anorexia, bulimia, and obesity are likely to come to your attention. It's important to recognize the signs of these problems and to have resources available to help your petitioner get the proper help. Remember that lecturing does not work with someone who is suffering from a disorder that prevents them from being able to make positive and rational decisions. It's vitally important to have professional resources to whom you can refer your petitioner.

Food is life. Still, too much food, or too little can be deadly. Eating a poorly balanced diet can also be deadly. You need to become an example for your petitioners so they have the opportunity to learn the basics, but you must still work as a gatekeeper to shepherd the people in your care to the resources that they need. It's not about denying foods that you enjoy, and occasional cheating is allowed. It's about developing a healthy sense of balance and moderation, and a healthy *RELATIONSHIP* with food.

Engaging the services of a qualified and licensed nutritionist along with the care of a medical professional will give you the resources to share with your petitioners.

Assignments for Lesson 7

Assignment 1

What do you like to eat? What are your "guilty" pleasures? Talk about your favorite dishes or cuisine and just let yourself "wax poetic" about your relationship with food.

Assignment 2

If you have problems with anorexia, bulimia, or obesity, or if you simply have some struggles with food, write about that here. Weigh the joys of eating against the struggles that food represents to you.

Assignment 3

After reading the material in the reading list, assess your own eating habits. How can you improve your diet? Do you have dietary restrictions due to medical conditions, religious practice, allergies, or other circumstances? How do your restrictions figure into your eating plan?

Assignment 4

Research local resources such as professional nutritional services, support groups, outreach services, emergency hotlines, and any supports that may be valuable for your petitioners. Add them to your list or database of these services and supports.

Lesson 8: Financial and Employment Issues

Reading List

1. *The Infographic Guide to Personal Finance: A Visual Reference for Everything You Need to Know*, Michele Cagan, CPA, Elisabeth Lariviere, Adams Media, 2017, ISBN10: 1507204663, ISBN13: 978-1507204665.
2. *The Financial Diet*, Chelsea Fagan, Holt Paperbacks, 2018, ISBN 10: 1250176166, ISBN13: 978-1250176165.
3. *Career Counseling*, Mark L. Savickas, 2019, ISBN: 978-1-4338-2955-0
4. *The Resume Writing Guide: A Step-by-Step Workbook for Writing a Winning Resume*, 2nd Edition, Lisa McGrimmon, CreateSpace Independent Publishing Platform, 2014, ISBN-10: 1502429322, ISBN-13: 978-1502429322.
5. *Get That Job!: The Quick and Complete Guide to a Winning Interview*, Thea Kelley, 2017, ISBN-10: 0998380822, ISBN-13: 978-0998380827.
6. *The 4-Hour Workweek: Escape 9-5, Live Anywhere, and Join the New Rich*, Timothy Ferriss, Harmony, 2009, ISBN-10: 9780307465351, ISBN-13: 978-0307465351.

Money

Personal finance is very situational depending upon how much money your petitioner has to apply to their expenses. Obviously, if they aren't making enough money to pay rent, they are going to need to find some way to supplement their income. That said, handling money depends upon attitude. Money isn't good nor is it evil. Money is simply a medium of exchange with all the eddies and currents of any medium, and if you think of it like a stream of water that you put to different uses, you can understand how to manage money reasonably. If you have a limited amount of money (or water), you put what you have to different tasks according to your survival needs. If you need to pay your rent, but spend your rent money on a night on the town, you are obviously risking losing your home.

When a petitioner comes to you needing help with finances, your knowledge and expertise can be applied to helping them develop a spending plan that can cover their expenses and can help them create some financial buffers against unexpected events. Even a small amount of money can go a long way. The reading list for this lesson will explain simple money management strategies that you and your petitioner can apply to making a stable and satisfying financial future. This isn't high finance, but it can be applied toward wealth building.

The important thing to remember, just as with fad diets, pie in the sky financial schemes and lotteries will be tempting to some, as will "prosperity gospel" calls for donations to some televangelist who says that they will "get their money back tenfold." There are numerous people with all sorts of pressure tactics to separate your petitioner from their money. A solid financial plan that sets aside a portion of their money for each specific task takes discipline and a thick skin against every shiny temptation, and in the end should give your petitioner (and you, if you follow your own spending plan as precisely) a stable financial future.

Employment

There are numerous books about resume writing and job hunting, so many so that choosing a single title is practically impossible. The two directly related to the job hunt, that we included in the reading list,

are just the beginning, but they are a positive start. There are others and you are encouraged to build your own collection of job search books that you may have found helpful.

Searching for a job is a nerve racking endeavor, but the primarily important focus of any job hunt is that you will be best at a job for which you have an aptitude and an interest. When your petitioner is called in for a job interview, it's good for them to understand that they are interviewing the potential employer as well as the employer might be interviewing them. If your petitioner takes just any job that comes their way, they may as well be playing the lottery with a potential pay cheque. Taking an ill-fitting job is as bad as having no job at all because in the end, discontent will make your petitioner miserable and eventually unemployed. Finding the best match is done by guiding your petitioner to make rational choices for the best and most sustainable job conditions.

I included *The 4-Hour Workweek* because Mr. Ferriss gives a perspective that has more to do with attitude than with the kind of panic that the search for a job might entail. Also the exercises in his book are designed to get to the heart of your petitioner's perspective and could help them find their own strategies for their employment. The pie-in-the-sky promises that *The 4-Hour Workweek* presents notwithstanding, it's a good exercise in discovering an approach to employment and financial stability that the average book on job search strategy lacks.

Assignments for Lesson 8

Assignment 1

Read through the two financial books in the reading list. Give your impression of some of the strategies that the authors suggest. Develop some of your own strategies, and see how it will work for you.

Assignment 2

Put yourself in your petitioner's job hunting position. Create your own Curriculum Vitae or Résumé. Make your own job search (even if you are in a job that you enjoy) to discover how to rationally pick and choose the kind of job that is sustainable for you, so you can get a feel for the kind of support to give your petitioner. Role play a job interview with someone who can present a fairly realistic interview experience. Write about your own real job interview experiences.

Assignment 3

Read through *The 4-Hour Workweek* and go through each of the exercises in the book. Present your results. Give your impressions of what you may have learned about yourself through the exercises and what may be applicable to helping your petitioner.

Assignment 4

Research local resources such as professional financial counseling services, support groups, outreach services, employment hotlines, and any supports that may be valuable for your petitioners. Add them to your list or database of these services and supports.

Reading List

1. *Interpersonal Psychotherapy*, Ellen Frank, PhD, and Jessica C. Levenson, MS, 2011, ISBN: 978-1-4338-0851-7
2. *Family Therapy*, William J. Doherty, PhD, and Susan H. McDaniel, PhD, 2010, ISBN: 978-1-4338-0549-3

Sex is going to happen. Teenagers have sex with each other and no amount of abstinence only training will change that. Sex Education can become an issue in your work in Pastoral Care, whether you like it or not. You're also going to hear about abortion, whether you support it or not. The hope is to make abortion safe, available and *RARE*. So, you may find yourself advocating comprehensive birth control education⁹. You will hear from couples facing infertility, and the choices of remaining childless, adopting a child, or undergoing the medical procedures to overcome infertility. You are also going to hear of the sexual satisfaction or dissatisfaction from your petitioners, be they hetero-affectional, gay, lesbian, cisgender, transgender, asexual, gender fluid, intersex, or simply single and alone.

These are not simply issues of conservative verses progressive politics. They are issues of our petitioners' reality. In our setting they are issues that call for your compassionate understanding of the petitioners seeking your help. You have to leave your judgments in another room and listen to your petitioner's plight with compassion and with the goal of understanding *THEIR* situation. Your petitioner may have to educate you about the nuances of their situation. If you receive their education with grace and an open mind you may find yourself becoming a better advocate for their needs and the needs of others in the future.

Where underage children are involved, there are caveats. Any sign of abuse by one or more adult family members, fellow clergy, neighbors, or acquaintances must be reported to your local Child Protective Services. *THERE IS NO EXCEPTION TO THIS LAW*. Ignoring the situation will not make it go away, and you could be held legally liable for not reporting. It's better to err on the side of caution than to be complicit in the death or injury or sexual abuse of a child under your pastoral care. Such abuse falls outside of the Ecclesiastical Seal and cannot be kept secret between the petitioner and the clergy.

Family relationships can be close and supportive, or completely dysfunctional and abusive as well as anything in between. The family dynamic isn't a monolith that can only be defined using a singular model such as a father, a mother, sibling children, etc. Families can take many different forms with many different biological and behavioural settings and outcomes. The questions to ask are these:

1. Do the members define themselves as a family?
2. Are they mutually cooperative, or do they compete against each other?
3. Are some members of the family rejected while others are accepted?
4. Do members of the family gang up against other members of the family?
5. Is your petitioner estranged from his family and how does your petitioner feel about it?
6. How are the underage children in the family treated? Do they exhibit signs of abuse?

⁹ "Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S," Kathrin F. Stanger-Hall, and David W. Hall, National Institutes of Health, 2011, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3194801/>, accessed 2018.

A family can be defined as two or more people who share a domestic partnership. That's all there is to a family. The gender of the people doesn't matter, whether they are genetically related or not doesn't matter. The only thing that matters is that they define themselves as a family.

In every family conflicts arise. How the members of the family navigate those conflicts will set the dynamics of functionality for that family. In providing pastoral care, you may be called to help your petitioning family learn ways of resolving those conflicts that each family member can find livable. In some cases, this will help them come to realize greater comfort and care for each other. In others there may not be resolutions that family members can accept and dissolution may become the healthy thing to do for everyone involved. As with any situation, you are there to help the petitioning family members negotiate with each other, offering them techniques for communication, and helping them find the best choices for their personal and familial health.

It's not your place to judge right or wrong, or impose your beliefs upon anyone, no matter how much you may want to do. It is your goal to help families understand each other and help each member navigate the choppy waters of relationship building. In essence, your task is to help each member of the family hear each other, support each other, and be compassionate toward each other. It may also turn out that the best help that you can give them is to help members say goodbye and part amicably.

Assignments for Lesson 9

Assignment 1

Read the two selections for this lesson and outline in your own words what they present. Give your own understanding of the social and behavioural implications of the family dynamic and how you, personally, view family relationships.

Assignment 2

Give your personal understanding of your interpersonal relationships and communication in a short essay. How do you interact with friends, with your own family members, and with people generally. Again, do not name names. Please respect the privacy of the people around you.

Assignment 3

Find contact information for your local Child Protective Services and include it in your database of resources.

Assignment 4

Research local resources such as professional family services, support groups, outreach services, emergency hotlines, and any supports that may be valuable for your petitioners. Add them to your list or database of these services and supports. Especially add to your list the local Child Protective Services.

Lesson 10: Socialization and Emotional Issues: Religious and Ethnic Diversity, Social and Identity Diversity, Cognitive and Neuro-Diversity, Interculturalism and Acceptance Issues

Reading List:

1. *Feminist Therapy*, Second Edition, Laura S. Brown, PhD, 2018, ISBN: 978-1-4338-2911-6.
2. *Relational–Cultural Therapy*, Judith V. Jordan, 2018, ISBN: 978-1-4338-2826-3
3. *Cross-Cultural Psychology : Critical Thinking and Contemporary Applications*, David A. Levy, Eric B. Shiraev, T&F/Routledge, 2017, ISBN-10: 9781138568488, ISBN-13: 978-1138568488, ASIN: 1138568481.
4. *Handbook of Socialization, Second Edition: Theory and Research*, Second Edition
5. by Joan E. Grusec, Paul D. Hastings, The Guilford Press, 2015, ISBN-10: 1462525822, ISBN-13: 978-1462525829.
6. *The Psychology of Prejudice and Discrimination*, 2nd Edition, Bernard E. Whitley, Mary E. Kite, Wadsworth Publishing, 2009, ISBN-10: 0495811289, ISBN-13: 978-0495811282.
7. *The Adolescent and Adult Neuro-diversity Handbook: Asperger Syndrome, ADHD, Dyslexia, Dyspraxia and Related Conditions*, Sarah Hendrickx, Jessica Kingsley Publishers, 2009, ISBN-10: 1843109808, ISBN-13: 978-1843109808.
8. Alden E. Habacon, <http://www.aldenhabacon.com>, accessed 2019.

“A Shinto believer who denounces other religions is not a real Shinto believer. A real Shinto believer can be at home in a Shinto shrine at New Year, a Buddhist Temple at the Obon festival for the souls of the ancestors or a Christian Church on Christmas Eve. All of these make individual sense. They are authentic. They complement each other. This principle applies not simply to religion but to all the cultures of mankind.”

Guji Yukitaka Yamamoto¹⁰

The above quote is from the first Shinto priest to bring Shinto to the United States of America after the devastation of the Pacific War in the 1940s. His autobiography *KAMI NO MICHU The Way of the Kami: The Life And Thought Of A Shinto Priest* is a study in multiculturalism.

This is a huge topic. Don't expect to get it right the first time or even half of the time. This is a lifelong commitment to learning about yourself and all of the people and lives and differences around you along with the mistakes that you will make and the times that you will get it right. You can't get this through reading a book, watching a video or visiting a website. This, you have to live and even if you want to escape living it, you are stuck in it and there is no escape.

We live in a world full of multitudes of diversity. Race and ethnicity have been the most obvious with religion close behind, but we also have differences in identity, ability and agedness, and fluidity in how those differences are expressed. When their differences serve to isolate a petitioner, the pastor will have a dual responsibility of coming to understand the petitioner, and to advocate for them to family

¹⁰ *KAMI NO MICHU The Way of the Kami: The Life And Thought Of A Shinto Priest*
<http://www.tsubakishrine.org/kaminomichi/index.html>, Accessed November 2018.

members, doctors, classmates, acquaintances, friends, people in authority, and fellow religionists. You will be ministering to all sides of the divide bringing support to one side and understanding to the other.

It's not just the victim of prejudice that suffers from bigotry, but it's also the bigot. The anger and disharmony that lashes out at something that they don't understand is damaging to their health and well-being. Educating the person who harbours prejudice is as important as advocating for the victim of that prejudice. Helping the prejudiced person overcome their prejudice is also helping them become a healthier and happier person.

You will also have to help your petitioner through the emotional traumas faced by victims of abuse dealing with very real issues that can limit their view of themselves. You will be helping them find pathways for building the strengths and strategies for the best revenge against abuse—a happy, balanced, forgiving and successful life.

Add to this the very real understanding that nothing is absolute. Most of the time there are gray areas and mitigating circumstances that will cause your petitioner to make reasonable and logical choices that you would never make, but will be right for them. Understanding these circumstances and supporting your petitioner as far as the law allows will be a difficult and sometimes gut wrenching position for a pastor to take. Your petitioner's socialization is the history that will inform you about their choices and will help you guide them to therapies and opportunities that can bring them that happy, balanced, forgiving and successful life.

Socialization is an extremely complex issue that involves just about everything that we have explored so far. Starting from in utero development all the way to an individual's final rest, the socialization process marks every aspect of that individual's life. Negative experiences as well as positive shape our ever shifting synaptic connections and determine how we will behave in a given circumstance. We are tuned to our cultural, familial, societal, expectational, medical, educational, entertainment, and radical and subtle exposures to events in our life. These shape how we are going to fit or misfit into the society in which we find ourselves. None of us live in a vacuum.

Culture has a tremendous amount to do with social development. In the individualistic culture of the United States, the more collective socialization of Japan may seem incomprehensible to some (and attractive to others). Even within the U.S. borders, the culture of someone in Maine will be different from the culture of someone in New Mexico. Even within a community, a cultural and language difference from one neighborhood to another can have significant challenges as, for instance, the differences between Deaf culture and Hearing culture. Encountering a petitioner from another culture can be a challenge. The study of cross culture comparative psychology will be useful in understanding the human dynamic of socialization.

The selected readings should begin to help you develop an expanding understanding of the petitioners that you may be called to assist. The recommended website, aldenhabacon.com, provides information that can serve as a starting point for finding informative multicultural resources to learn more. Find people who are different from you. Gain experience in a community center or foodbank in a different part of town or in a different city. If you live in a Christian community change your perspective by getting to know a Muslim, Buddhist, Jewish, *AND* Hindu community. Learn how each community is different and how your experience can enrich your multicultural perspective on their socialization as well as your own.

Assignments for Lesson 10

Assignment 1

After reading the selections in the reading list, write about how they may be useful to you and how you might apply the information you have gained in helping your petitioner.

Assignment 2

Give an assessment of your own socialization from your earliest memories as though you were assessing the experiences of a petitioner who has come to you for help. What adjustments in their lives have they made and how has it coloured their perspective of their relationships with other people.

Assignment 3

Become a volunteer at a foodbank or community center that provides services to people who are different from you, and visit a faith community that is completely different from your own. Get to know the people in these places and write about what you have learned, not just about them (whilst that is an important part of this assignment), but also what you have learned about yourself, your socialization and how you see yourself in a multicultural world.

Assignment 4

Research local resources such as professional social services, support groups, outreach services, emergency hotlines, and any supports that may be valuable for your petitioners. Find local support groups for your petitioner's cultural situation. Add them to your list or database of these services and supports.

Lesson 11: Penitence and Absolution

Reading List:

1. *Acceptance and Commitment Therapy*, Steven C. Hayes, PhD, and Jason Lillis, PhD, 2012, ISBN: 978-1-4338-1153-1.
2. *Universal Life Church Seminary Ministers' Handbook*, Rev. Amy E. Long, 2013, ISBN:978-0-9664992-8-8.
3. *Pastoral Care of the Sick: Rites of Anointing and Viaticum*, Catholic Book Publishing Corporation, 1983, ISBN: 978-0-89942-156-8.

A petitioner comes to you with feelings of guilt and doesn't know how to reconcile what they have done (or failed to do). It is said that "confession is good for the soul," but there are other factors at stake. In the Catholic Sacrament of Reconciliation, the point is to make the penitent new. It's to lift the burden of guilt from the person's shoulders. It also carries the caveat that absolution comes only when a true change takes place in the penitent, when they truly rethink their actions, seek to make correction in their lives and restitution to the people they have harmed. When this change takes place, it's entirely independent of the priest who hears the confession, and is entirely an internal renewal. The priest may give the words of absolution, but the true absolution is granted through the rethinking process of the penitent.

In our pastoral care, we do not impose our beliefs upon our petitioners. A petitioner who is racked with guilt is also very vulnerable and doesn't need the imposition of religion to complicate that vulnerability. They also don't need for you to preach to them or for you to tell them what to do. It is in your position to help them discover for themselves the path that will take them toward complete healing. Your petitioner is your guide to how you may address their situation. In this give and take, your petitioner can come to realizations that can bring them to reconciliation.

If our petitioner asks, we may use the Sacrament of Reconciliation, but the advice that we offer through our understanding of psychology and pastoral care provides very much the same considerations that are offered through confession. We are also bound by the same Ecclesiastical Seal that covers conversations that take place in the confessional. Our purpose is renewal of the spirit—that is to say to make the spirit of our petitioner new once again. We are called to "lift the weight of the world off of our petitioners' shoulders."

Reconciliation goes both ways. In the *Universal Life Church Seminary Ministers' Handbook*, "An Article About Forgiveness"¹¹ speaks about "letting go—releasing the wrong done to you or by you." Forgiveness isn't about the person who has offended the petitioner, it's about the petitioner's own pain and healing from that pain. It's also about forgiving oneself. The difficult part is that your petitioner who has been injured may need to go through a lengthy process of pain, rage, mourning, and depression before finally coming to a place of healing, forgiveness and reconciliation.

Again, we don't impose our beliefs upon our petitioner. If they are not ready to forgive, we can still offer our compassion and listen to their pain and provide some sense of solace without complicating the matter.

¹¹ *Universal Life Church Seminary Ministers' Handbook*, Rev. Amy E. Long, 2013, pages 132-138, ISBN:978-0-9664992-8-8.

The basic problem that petitioners face when they are trapped in guilt or are unable to forgive is that they become stuck in the past and rankled with events or experiences or environments from which they cannot grow. Then they become unable to find fulfilment and flexibility in their lives. It's about being unable to live in the present moment, getting lost in tangled thoughts, failing to connect with what personally matters in life, avoiding difficult situations, being unable to commit to effective action, and being caught in an inflexible sense of self. The effort is to move from a stuck, unfulfilled life, to moving forward toward a more fulfilled life. Understanding the process of this is helpful in dealing with guilt and unforgiveness.

Part of the problem can be found in being burdened by hard and fast rules, either self-imposed or imposed by people or situations in the past. In a religious context, many of those rules have come as a result of judgements and impositions placed upon the petitioner by the religious body in which they were raised or by members of a strict religious family. When we are faced with such inflexibility, a fine line is to be tread because the religious context will be a painful one for our petitioner. Still, the religious context is going to be there as a matter of daily life simply because religious people are everywhere. Our goal then, can be found in redefining and overcoming that religious rigidity toward a more flexible acceptance of self and a desensitization of religious trauma. The petitioner's view of religion can be softened in order to make it no longer a point of rancor or a limiting factor for the petitioner when they encounter religious people or situations.

Rituals give us grounding and a place to settle and be at peace. If your petitioner struggles with finding that grounding and peace, helping them to find those moments in their daily life can start them on their path of healing. This doesn't need to be religious in its nature, but it does need to have a healing context and can be something that your petitioner can take with them to help them in the future.

Rites of Reconciliation can be modelled on the standards of one faith or another as most religious traditions have some standard for addressing the issues of guilt for misdeeds and rage for deeds done. The appendix of *Pastoral Care of the Sick: Rites of Anointing and Viaticum*¹², has one such traditional form of the "Rite of Reconciliation" that can symbolically address the issues of guilt and pain. It can also be a construct that your petitioner develops themselves as a healing component in their lives. Human beings often find comfort in rituals that help them find some level of peace.

Healing doesn't, however, end with a ritual. It's not a magic formula that makes everything right again. Damage is done and proper direction needs to be found. Finding the continuing care that can put the petitioner on a path of fully healing needs the educated care of a trained social worker, psychologist or psychiatrist. As with every form of pastoral care that we provide, we are gatekeepers leading our petitioners to the nourishment that they need.

¹² Pastoral Care of the Sick: Rites of Anointing and Viaticum, Catholic Book Publishing Corporation, 1983, pages 377-383, ISBN: 978-0-89942-156-8.

Assignments for Lesson 11

Assignment 1

After reading *Acceptance and Commitment Therapy*, summarize what you have learned.

Assignment 2

Reading through the *Pastoral Care of the Sick* “Rite of Reconciliation” and In the *Universal Life Church Seminary Ministers’ Handbook*, “An Article About Forgiveness,” what are your impressions? How do you feel about these rites, and how would you use them, rewrite them, or would you take a different strategy to help your petitioner toward reconciliation?

Assignment 3

How do you feel about forgiveness? What does forgiveness mean to you? How can you offer forgiveness to another? How do you think that you can help your petitioner find the tool of forgiveness toward their abusers to help themselves?

Assignment 4

Research local resources such as professional services, support groups, outreach services, emergency hotlines, and any supports that may be valuable for your petitioners. Add them to your list or database of these services and supports.

Lesson 12: Death and Dying

Reading List:

1. *Soul Search: A Scientist Explores the Afterlife*, David Darling, Villard Books, 1993, ISBN: 0-679-41845-8.
2. *Universal Life Church Seminary Ministers' Handbook*, Rev. Amy E. Long, 2013, ISBN: 978-0-9664992-8-8.
3. *Pastoral Care of the Sick: Rites of Anointing and Viaticum*, Catholic Book Publishing Corporation, 1983, ISBN: 978-0-89942-156-8.

Everyone must die at some point. Nothing lasts forever. Even the stars eventually die. Even the universe will undergo its own final "heat death" and evaporate. Life and death are the same thing.

A petitioner lies in a bed and you sit by their side. Their death is very likely to happen in the next day or two and they are looking to you to provide some final care to ease their passing. What will you do?

A petitioner has just lost a child and is asking you why their child died. Why did God take their child before they had a chance to grow up and live a life? What will be your answer?

You encounter someone who is depressed and you have reason to suspect that they may be considering suicide. What's your next step?

You are facing your own death. What are your thoughts and feelings?

The end of life means something different for every person. No two people can agree about its implications when it involves them whether as the one who is dying, the one who has lost a loved one, or the one who thinks of dying as the only way to ease their own suffering, or you when you realize your own mortality. As a pastor, you are in the "hot seat" because as a provider of spiritual care, you have to be able to help your petitioner navigate waters that you have yet to travel. If you have never encountered death before or have never seen a dead body before the mortician dresses it up, you will be at a distinct disadvantage.

End of life rituals vary greatly across cultures and even within cultures especially in a pluralistic society. Some rituals, such as Viaticum or last rites, anticipate a death that is expected very soon, but has not yet happened. Other rituals only take place after the person has died such as a funeral or Mourner's Kaddish. As ministers in the Universal Life Church, we may have petitioners who expect end of life spiritual care in a form with which we may not be familiar. This requires you to be willing to step out of your comfort zone and very quickly become familiar with a ritual you have never seen before.

When someone is personally facing their own end of life, they may be facing it with a flood of different emotions and expectations. Some may be terrified at the prospect of dying whilst others may be gracefully accepting of their final departure. The important thing to remember is they will likely not always be interested in any religious considerations of what happens after they die. It's not our place to impose our notions of "heaven or hell," or "reincarnation," or "existence or oblivion" or any other belief upon the dying petitioner who calls for our pastoral care. You may be called to simply sit and offer to hold their hand, or you may be called to provide viaticum, or to listen to their life story, or to be

available for the loved ones who they are leaving behind. There is no single handling, no single therapy that applies to the last breaths of a person. Sometimes they may prefer to simply be alone.

You will also encounter someone who carries suicidal ideation. This means that they have suicidal thoughts and feelings and you will have to deal with those feelings in a meaningful and life giving way. Suicide prevention is a part of any pastoral care practice. Being aware of the nuances and personal expressions related to suicidal individuals and recognizing the sign of a potentially suicidal person can help you save a life. An important resource is the National Institute of Mental Health webpage "Suicide Prevention," <https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>. In your *Mental Health First Aid* training, through mentalhealthfirstaid.org, you should have already been acquainted with suicide prevention. Important resources are:

1. <https://www.helpguide.org/articles/suicide-prevention/suicide-prevention.htm>
2. <https://suicidepreventionlifeline.org/>
3. <https://www.thetrevorproject.org/#sm.001dn5r9m1apvcy1wn12bz4qsz6x1>

Remember that suicide is a major killer, taking 40,000 lives every year. When your petitioner is presenting suicidal ideation, they may be in eminent danger, and you can save their life. Talking about it with a petitioner who may be suicidal isn't going to make them take the fatal step, but it may help them get the help that they truly need. Nobody truly wants to kill themselves, they just want the pain to stop. Helping them to find the care and help that they need WILL save their life.

Additional Resources:

1. Funeral Customs by Religion, Ethnicity and Culture, FuneralWise, accessed 2019, <https://www.funeralwise.com/customs/>.
2. *Religious Requirements and Practices of Certain Selected Groups: A Handbook for Chaplains*, U.S. Dept of the Army, University Press of the Pacific, 2001, ISBN-10: 0898756073, ISBN-13: 978-0898756074.
3. Shinto Mortuary Rites in Contemporary Japan, Kenney Elizabeth, Cahiers d'Extreme-Asiento, 1996, http://www.persee.fr/doc/asie_0766-1177_1996_num_9_1_1124.
 - a. Shinto Norito: A Book of Prayers, Ann Llewelyn Evans, Matsuri Foundation of Canada, 2001, ISBN 155369138-5.
 - b. Shinto Symbols, Sacred Vessels and Equipment, Contemporary Religions in Japan, 1966, vol.7, no.2, pp. 89-142, <https://nirc.nanzan-u.ac.jp/nfile/3159>.

Assignments for Lesson 12

Assignment 1

Confront your own mortality. What does the end of life mean to you and how do you feel about it. Give careful consideration about your own encounters with the deaths of loved ones, even a beloved pet, and think about what they provided in their lives for you. What do you hope to provide for the people you leave behind? What do you expect for yourself after you pass from this life?

Assignment 2

What do you hope to do for a loved one, a friend, or a petitioner when they face the end of life?

Assignment 3

Research different mortuary customs and belief systems, and be sure to not simply rely on only one resource. Understand how different cultures view the end of life and be able to adjust your pastoral care to the needs of family and friends who remain. This is not to say such things as “they are gone to a better place,” etc., but to simply be aware of potentially sensitive points with survivors.

Assignment 3

Remind yourself of what you can do to prevent suicide. List some things you can do to help someone who has suicidal ideation.

Assignment 4

Research local resources such as professional grief counseling services, support groups, outreach services, emergency hotlines, and any supports that may be valuable for your petitioners. Look for local suicide prevention hotlines and services. Add them to your list or database of these services and supports.

Chapter 5: Your Needs

Lesson 13: What You, as a Pastor, Can and Cannot Do

Limitations Legal and Ethical

As clergy, a pastor has the responsibility of the Ecclesiastical Seal¹³ which essentially says that anything that you discuss with the petitioner is privileged information and that the pastor is not allowed to divulge any of that information, including even revealing that any conversation did or did not take place between the petitioner and the pastor. This is essentially the “Seal of the Confessional” as used in the Catholic Church, but it can extend to all denominations, faiths, and religions. It insures that the petitioner can have full trust in their pastor, and that they can say or reveal anything to the pastor without fear of betrayal or fear of the exposure of personal circumstances that they would rather not become the knowledge of others. Within the Church, this is absolute and cannot be violated.

Outside of the Church there are limitations. The privilege of confidentiality for clergy may or may not be absolute within the confines of the laws of the state or province or nation in which you live. The scope of that privilege can usually be found in the legal statutes of that place. As an example, in the State of Ohio in the United States of America for instance, the Ohio Revised Code (ORC 2317-02 section (C) paragraphs 1 and 2)¹⁴ gives a clear and relevant explanation as to how far the privilege of clergy may extend. It includes references within the ORC where there are exceptions and how these exceptions apply to clergy. In the State of Ohio, a pastor cannot be called to testify as to the content or nature of privileged communication, however the pastor *MUST* report incidents of child abuse or neglect and the abuse or neglect of disabled people up to the age of twenty one. There is no exception to this ruling, and failure to report can result in fine and imprisonment as an accessory to the abuse or neglect. In other states, there may be a broader limitation requiring the report of any violent act or threat of violence. In some countries, there is no privilege of confidentiality and the pastor may be required to testify in court anything that was said in confidence. So, being aware of your legal limitations is extremely important when providing pastoral care and it’s *GREATLY RECOMMENDED* that you find out exactly what your state or country allows. Terms to look under are “Privileged Communication,” “Clergy Penitent Communication,” “Clergy Parishioner Communication,” and “Confessional Seal” or “Seal of the Confessional.”

In states that respect the Ecclesiastical Seal, you may be called to testify if the petitioner waives their right to the Ecclesiastical Seal. In such a case, or when your petitioner would like you to share information with a health care professional, you need to get the petitioner’s permission in writing (and perhaps notarized for your protection). On the next page is a sample of such a permission form.

¹³ We have used the term “Ecclesiastical Seal” in this training to mean the same thing as privileged communication, but it can also be used to mean a seal used to affirm church documents as with a signet in wax or a notary seal. Consider this a metaphor for the importance of keeping our petitioners’ confidentiality “sealed” as absolutely as possible.

¹⁴ *Ohio Revised Code » Title [23] XXIII COURTS - COMMON PLEAS » Chapter 2317: EVIDENCE 2317.02 Privileged communications.* LAW Writer®, Ohio Laws and Rules, <http://codes.ohio.gov/orc/2317.02>, accessed December 2018.

Pastor's Title and Name, ULC
Pastor's Phone number

Authorization for Release of Information

Petitioner's Name _____
Date of Birth ____/____/____ SS# _____

I give my authorization and permission to Pastor's Title and Name to:
release to _____ obtain from _____ exchange with _____

Name Title

Address

Phone/ Cell Number/ FAX/ e-mail

Information regarding my confidential exchange with Pastor's Title and Name presently held under the Ecclesiastical Seal.

Specific information to be shared:

I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of the release.

Date: ____/____/____

Petitioner's Signature: _____

* Reproduction of this authorization is as authentic as the original signed authorization.

Such a form will keep you safe from any legal implications when you are called to share information about a petitioner. If the petitioner does not give their permission, you must maintain the Ecclesiastical Seal within the legal limits of your community.

Limits of Communication

It's best to keep your home address to yourself, sharing only your phone number or your email or your pastoral care work address. If you share your email address with petitioners, be sure to place the following in your automatic email signature:

"Email is not a secure form of communication. The confidentiality of information transmitted by email is not guaranteed. Petitioners and penitents should be aware of this before sharing privileged information in emailed messages."

Email encryption is also an option if your petitioner has the technical skills to use it. If you are open to using this option you can include the following in your automatic signature:

"Encryption resource: <https://www.openpgp.org/>. My public key can be made available upon request."

Make good use of calling cards and other means to share contact information. These can include your title, your name, your phone number (preferably not one that you will be answering at all hours), your email address, and/or the website of the facility (church, office, organization, etc.) where you offer pastoral care.

Documenting the Care That You Provide

As a pastor, it is your choice to keep notes outlining your conversations with petitioners. In most cases such notes are not necessary and most pastors simply find them to be more trouble than they are worth.

If you decide to keep notes, usually these notes should not be very extensive, but simply serve as reminders of things discussed in these conversations, so you can refresh yourself and keep track of your petitioner's progress. Since you are essentially a gatekeeper, notes can serve you well when seeking an appropriate referral for your petitioner. It helps you to know the best fit. You shouldn't be noting copious details and pages of narrative because it will serve no real useful purpose in assisting the person who needs your help. A word or two that recounts basic ideas is usually just enough.

We would caution against making audio or video recordings of conversations with petitioners. Such recordings (along with extensive notes) could fall into the wrong hands and constitute a breach of the Ecclesiastical Seal. Such a serious violation of trust would not only jeopardize your relationship with your petitioner, but would also set you up for legal liability.

Keeping a record of conversations isn't in the best interests of either you or your petitioner and should be destroyed when they are no longer necessary for you to keep track of your conversations. If the petitioner no longer comes to see you, or if there is nothing of significance to note, it's best to simply destroy your notes to prevent any further potential of a breach of confidence.

Scope of the Care That You Can Provide

Keep this thought with you every time you provide pastoral care:

WE DO NOT DIAGNOSE, NOR DO WE TREAT.

Ethically, our first concern is for our petitioners. We are to provide the very best of care that we can. Just as you wouldn't attempt a heart transplant without the years of training and the skill and knowledge required for that operation, you shouldn't apply psychological therapies that you are not licensed to do. Being aware of these therapies and how they work can give us insight into who might be the best resource for a particular petitioner and can inform our own pastoral care. Yes, we can give advice, just as a friend would for another friend, yes we can counsel a petitioner on spiritual matters as a pastor is expected to do, but our real strength is in the team of professionals to whom we can refer a petitioner for the kinds of care that we cannot provide.

Your petitioner may or may not desire to go to a professional therapist, preferring to work with you. It's your choice as to whether you are comfortable in that capacity. Understand that a petitioner in a sensitive state of mind isn't likely to respond well to rejection and could take your reluctance in a way that could be self-damaging. Continuing to encourage professional help in a gentle and health promoting way whilst still providing support will be a helpful strategy. Also, your petitioner may seek professional help and return to you because the therapist isn't a good fit. Encouraging them to find a therapist better suited to them is always the best approach. You can even search with them to find the right therapist with whom they can develop a rapport.

Even if your petitioner decides to work with a professional therapist, they don't have to stop working with you. Your petitioner may still wish to confide in you and seek your support. There is nothing wrong with this as long as you and the therapist don't present contradictory information. In your referral, you can suggest that the petitioner authorize a release of information as an exchange between you and the therapist using the form above. In this situation, the professional therapist should take the lead in caring for the petitioner, advising you as to how best coordinate your efforts.

Can I Hug My Petitioner?

Touch can be therapeutic, and it can be a threat. Our petitioners are in vulnerable conditions. We must respect that vulnerability and we must keep a respectful distance. If you think your petitioner needs a hug, ask before you initiate the hug. Consent is the issue. Keep in mind an important point here. Will it benefit my petitioner? If not, don't do it. A good illustration for this is "Consent, It's as Simple as Tea" <https://youtu.be/oQbei5JGiT8>. Touch is also a cultural issue. In some cultures, it's natural to hug and touch each other in a friendly manner whilst in others it's almost forbidden. Of course, any touch that takes on a sexual tone is absolutely out of bounds.

If a petitioner begins to show signs of attraction to you, awkward situations will arise, but if you are in such a situation your understanding of your petitioner's personality should give you clues about how you might redirect their attentions. On the other hand, if you find yourself attracted to a petitioner, you would be best to cease your pastoral relationship and refer them to someone else for their care. There are enormous ethical problems with having a romantic relationship with someone under your pastoral

care. Professional distance doesn't preclude friendship, but it does require a level of detachment so you can see issues clearly.

A Pastor's Self-Care

It's important to remember that you cannot control every, or even most, situations. You especially cannot control what a petitioner will do or decide. You are not responsible for the actions of other people, and you cannot control how they may interpret your advice. You may think that you are being clear and that your suggestions are sage wisdom, but every word that we say is open to the mental interpretations of other people and you can become the victim of your own assistance to your petitioners. Protect yourself. Keep it simple and succinct and don't let your desire to help a petitioner cause you to rush in with enthusiasm only to end up hurting yourself or exposing yourself to a dangerous or abusive situation.

Dealing with other people's problems can begin to wear an individual down to the point of burn-out. It's important to be aware of your personal limitations and to have your own support systems in place. Among these support systems is someone to talk to about your own psycho-social experiences. Having a professional therapist and seeing them regularly is an imperative. You can't do this work without having that support for yourself. Remembering that you cannot share what a petitioner tells you (or even that such a discussion took place), it's basically an imperative that you have the support of a mental health professional who can help you deal with your own feelings and psychological wellbeing. Whilst having supportive family, friends and colleagues is essential, a good therapist isn't one of these, rather they are someone who can help guide you through issues from a detached perspective. Even professional therapists have the support of other therapists. If you have a therapist to help you with your difficulties, you also have a mentor. Whilst you aren't going to talk about your petitioner's specific problems, you can learn from your therapist by how they help you address your own issues.

VERY IMPORTANT FOR YOUR PERSONAL SAFETY AND TRAINING:

Before you begin to step out as a pastor, volunteer at an agency or organization or community center that provides services to people who have fallen on hard times. This can be at a food bank, or a soup kitchen or a community resource center. Gain some experience by working with people who have done this sort of work long before you and have the knowledge and expertise in dealing with hurting people. Even if your volunteer work is just sorting and distributing food in a food bank, you will get to a point of recognizing who you might be able to assist and who may be beyond your capacity to help. You may also make contact with other volunteers and workers who can become a part of your system of support. If nothing else, you will get a reality check to see if pastoral care is truly right for you. *We cannot stress this step enough!!!*

It's also important that you have a place that's designated as your own where no one else intrudes and where you are free from the continued stress of your vocation of pastoral care. You should never take this work home with you. Your home is your refuge and for your own mental and physical health, you should be able to go home, relax, and find some activity to empty your mind of the stresses of the day. Activities should be entirely separated from the situations of pastoral care, and can be as simple as watching television, sewing, reading a novel, cooking, gardening, or anything that brings you pleasure and lets you mentally escape. You should *NEVER* invite a petitioner to come and stay with you. If they need shelter, part of your pastoral care is to find some place for them to stay, but inviting them into

your home invites more stress into your refuge, and destroys any opportunity for you to refresh yourself so you can be available to effectively help.

Assignments for Lesson 13

Assignment 1

Look up your local, state or provincial, and national laws related to the privileged communication between clergy and petitioners (penitents, clients, etc.). Present it in its entirety, including legal reference citations and links to other parts in the legal code. (A Librarian should be able to help you find this information and cite appropriate references.) Write in your own words what the law actually says and how it may apply to you as a pastor.

Assignment 2

Describe what you will personally do for your own self-care. Describe your refuge. Describe your support system (psychologist, counselor, friends, family, etc.) without naming names. Describe what activities you will do to clear your mind and give yourself a mental escape from the stresses of being a pastor.

Assignment 3

Find an agency, organization or community center where you can volunteer and learn from the people who work there and can share their experience and expertise. Follow their lead and gain an understanding of the sort of situations where you can effectively help and the sort of situations that you must avoid for your safety sake and the sake of your petitioners.

Assignment 4

Research local resources such as professional services for yourself, support groups, outreach services, emergency hotlines, and any supports that may be valuable for your petitioners and yourself. Add them to your list or database of these services and supports.

Lesson 14: What is Compassion and Being a Compassionate Pastor?

Not everyone needs to be referred to professionals, and most people simply need a compassionate ear to hear their struggles and their pain. Most come in need of a friend who will not judge them or turn them away, but will give them the unconditional friendship that may be lacking in their lives, and who may just possibly have the answer they are seeking.

A man was walking down the street and suddenly he fell into a hole. The walls were too steep and he couldn't climb out, so he started calling to the people above for help. Most simply passed by not wanting to get involved. A doctor heard him and wrote out a prescription and tossed it down the hole, then walked away. A preacher heard him and wrote out a prayer and tossed it down the hole, then walked away. An acquaintance heard him and signed a sympathy card and threw it down the hole, then walked away. Then, a friend heard him and jumped down into the hole with him. The man said, "Are you crazy? Now, we're both stuck down here!" The friend answered, "Yeah, I know, but I've been down here before and I know the way out."

Understanding compassion is an elusive thing for a lot of people, but it's not an impossible task. Being compassionate is a tricky thing and calls for taking the risk that you might become vulnerable yourself. So, what is compassion and what does it actually entail?

Jesus' story about the Samaritan who stopped to help the merchant who had been robbed and severely injured is a classic and has become a cliché, but it has some very real messages—the first being that Samaritans were hated by the Jewish people to whom Jesus speaking. The second is that the people who passed by the injured man were people of high authority, but they couldn't be inconvenienced. The third was that the Samaritan didn't just sacrifice his time, he also sacrificed what little he had to be sure that the injured merchant was given proper care. And, one thing to remember is that this all happened on a very dangerous road where the Samaritan could have also become a victim of the same bandits who almost killed the merchant. Compassion is a dramatic act of defiance against the indifference and hatred and anger and violence of the world and puts the compassionate person in danger. It's the ultimate activism.

Someone can be telling you everything that they think is wrong with you, and in doing so say that they are being compassionate because they want you to be a "better person." Of course, this is condescending and not at all a truly compassionate act. We all have our flaws, and pointing to the "mote in your neighbor's eye" when you have a log in your own, is the opposite of being compassionate.

Someone might say that being compassionate is to have sympathy for someone else or to have pity on someone, and whilst this might be an open door to compassion, it's simply being sympathetic and doesn't go anywhere and do anything. Sympathy is the act of an onlooker who is separate and uninvolved, and in that separateness is divorced from the situation.

The next level up is empathy. In this space, you really feel grief alongside the person who is troubled or suffering. You are sharing the same emotions and under the same shadow, even if only as a bystander. In this place you have no separation, but are right there with the same struggles and concerns. Unfortunately, you can also be frozen in this state of empathy and become just as ineffectual as you would be at a distance of sympathy or even indifference. It's actually not a bad thing to feel empathy. This is an open door to behave compassionately, and one could venture to say that compassion is truly

impossible without empathy. If you don't know how it feels, how can you understand what the struggling individual needs?

One should never say, "I shall walk a mile in your shoes." This is simply because their shoes might not fit your feet. The best thing is simply this: "LISTEN!" Your petitioner not the same as you. They have different influences in their lives and different circumstances and were born with different personalities and different developmental sets of instructions from you. So, if you listen to them, and let them finish what they are saying and give them the benefit of understanding their experience then you might find common ground and a stronger level of friendship without making impossible demands upon your petitioner when they are not ready to hear it. Compassion only works when we bypass prejudgments. We make that bypass by listening to each other.

So, what is compassion?

A work crew sees a mother duck frantically scurrying about a storm grate and they discover her chicks stuck in the storm drain. They take the time to free the chicks for the mother duck. Seeing the mother duck and "listening" to her behaviour caused them to investigate. They could have just ignored it whilst thinking "Crazy duck." They didn't. Seeing the problem and realizing that they could help, they saved the chicks. They could have walked away, but empathy for this frantic mother duck and her chicks gave them reason to act.

Compassion is active.

Compassion is acting when things are hurting another fellow being. You don't have to love someone to have compassion for them. You don't even have to like them. Understanding their suffering and seeking to relieve it, taking the time to listen to their experience is all you need to be compassionate. It can be compassion for a family of ducks, or compassion for nation of people in struggle, or compassion for the natural world. Compassion can be a loving shoulder on which to cry, or a helping hand for an elderly person with heavy groceries, or saving someone's life on an ambulance or in a hospital, or being an ally and standing up for the political rights and freedoms of a people who may even be very different from you. Compassion can be found in the very small gestures, like holding open a door, to the very great gestures, like placing one's life on the line to save the lives of others. If you commit yourself to compassion you are no longer a small person in a small pocket of the world. Compassion makes you become the butterfly wing that creates a storm. You become global!

In Judaism there is a saying, "If you save just one life, you save the world entire."

Assignment for Lesson 14

What is compassion? Go and find out! You learn by doing!